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23492 7590 08/17/2004

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09/29/2004 SSITHIB2 00000022 010025 09559881

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Tanya M. Parent	(Depositor's name)
Tanya M. Parent	(Signature)
September 23, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09559881	04/26/2000	Michael R. Schrimpf	6494.US.02	1781

TITLE OF INVENTION: HETEROCYCLE SUBSTITUTED AMINOAZACYCLES USEFUL AS CENTRAL NERVOUS SYSTEM AGENTS  
Heterocyclic

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	11/17/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
COLEMAN, BRENDA LIBBY		1624	514-255050		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<i>1 Portia Chen</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<i>2 Lawrence S. Pope</i>
	3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

*Abbott Laboratories*

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Abbott Park, IL*

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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(Authorized Signature)

(Date)

*9/27/04*

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